**2018/2019**

**Nominating Committee Interest Form**

Submit this form and all required attachments to Britney Heald via email, [bheald@aasmnet.org](mailto:bheald@aasmnet.org), or fax, (630) 737-9790. Please review the AASM Conflict of Interest Policy before volunteering for a committee.

**Contact Information:**

**Name:** **Member Number:** **Address:**

**City, State:            Zip Code:       Email:**

**Primary Specialty:**

Pulmonary Medicine  Neurology Psychiatry  ENT  Nursing

Pediatrics  Internal Medicine  Behavioral  Research  Anesthesiology

Family Practice  Other

**AASM Service: Please provide a brief overview of your leadership activities within the AASM (300-word maximum).**

    

**Required Attachments:**

**CV Summary (2-page max)**  **Conflict of Interest Disclosure Form** **Letter of Intent**